

SERFF Tracking Number:	LDDX-125282703	State:	Arkansas
First Filing Company:	Old Republic Insurance Company, ...	State Tracking Number:	AR-PC-07-026010
Company Tracking Number:	CA AR01756CGF01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Old Republic Independent CA Forms		
Project Name/Number:	Old Republic Independent CA Forms/CA AR01756CGF01		

Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: Old Republic Independent CA SERFF Tr Num: LDDX-125282703 State: Arkansas

Forms

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026010

Sub-TOI: 20.0003 Other

Co Tr Num: CA AR01756CGF01

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: SPI ORChicago

Disposition Date: 09/10/2007

Date Submitted: 09/05/2007

Disposition Status: Approved

Effective Date Requested (New): 10/15/2007

Effective Date (New): 10/15/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

10/15/2007

General Information

Project Name: Old Republic Independent CA Forms

Status of Filing in Domicile:

Project Number: CA AR01756CGF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/10/2007

State Status Changed: 09/06/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company and Old Republic General Insurance Corporation wishes to file supplement form selection/rejection Arkansas Personal Injury Protection Coverage (PIP) and Underinsured Motorists Bodily Injury Coverage CA SR AR 0041 04 07.

The companies also submit Rejection Of Uninsured And Underinsured Motorists Coverages, And Offer Of Increased Uninsured Limits (Arkansas) UA 127d (Ed. 7-05). This replaces previously approved form version UA 127c (Ed. 7-99).

We request an effective date of October 15, 2007 or the earliest possible date of approval.

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Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst	jwoods@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4532 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	09/05/2007	15438929

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/10/2007	09/10/2007

SERFF Tracking Number:	LDDX-125282703	State:	Arkansas
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Disposition

Disposition Date: 09/10/2007
Effective Date (New): 10/15/2007
Effective Date (Renewal): 10/15/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas	Approved	Yes
Form	Rejection of Uninsured and Underinsured Motorists Coverages, and Offer of Increased Uninsured Limits	Approved	Yes

SERFF Tracking Number: LDDX-125282703 State: Arkansas

First Filing Company: Old Republic Insurance Company, ... State Tracking Number: AR-PC-07-026010

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas	CA SR AR04 07 0041		Election/Re New jection/Sup plemental Application s		0.00	CA SR AR 0041.PDF
Approved	Rejection of Uninsured and Underinsured Motorists Coverages, and Offer of Increased Uninsured Limits	UA127d	07 05	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 Previous Filing #:	0.00	UA127d.PD F

ARKANSAS

• **Personal Injury Protection Coverage (PIP)**

- Personal Injury Protection Coverage REJECTION options:

☐ I REJECT Personal Injury Protection Coverage in its entirety.

Or:

☐ I REJECT the Medical Expenses portion of Personal Injury Protection Coverage.

☐ I REJECT the Work Loss portion of Personal Injury Protection Coverage.

☐ I REJECT the Accidental Death Benefit portion of Personal Injury Protection Coverage.

- Select the description of covered auto(s) registered or principally garaged in Arkansas for which Personal Injury Protection Coverage applies. Do not complete if the coinciding Coverage was rejected above.

(a) Medical Expenses:

☐ An owned auto under the Coverage Form's Liability Coverage.

☐ Owned by you.

☐ A private passenger, station wagon or jeep type auto owned by you.

☐ _____

(b) Work Loss:

Any private passenger auto, station wagon or jeep type auto which is:

☐ An owned auto under the Coverage Form's Liability Coverage.

☐ Owned by you.

☐ _____

(c) Accidental Death Benefit Coverage:

Any private passenger auto, station wagon or jeep type auto which is:

☐ An owned auto under the Coverage Form's Liability Coverage.

☐ Owned by you.

☐ _____

(See Reverse)

- **Underinsured Motorists Bodily Injury Coverage**

This coverage, if not rejected on form UA 127, is available only if Uninsured Motorists Coverage is selected on form UA 127.

I SELECT Underinsured Motorists Bodily Injury Coverage with the following limit(s):

	<u>Split Limits</u> Each Person/Each Accident	Or:	<u>Single Limit</u> Each Accident
Minimum Limits:	<input type="checkbox"/> \$25,000/\$50,000		<input type="checkbox"/> \$50,000
Other Limits*:	<input type="checkbox"/> \$ /\$		<input type="checkbox"/> \$
Or:	<input type="checkbox"/> Limit(s) equal to the insurance policy Liability Coverage limit(s) of insurance.		

* Refer to the Table of Limits Summary for additional limits available.

NAMED INSURED: «NamedInsured»

POLICY NUMBER: «PolicyNumber» **EFFECTIVE DATE:** «EffectiveDate»

Name: «Name» _____

Title: «Title» _____
as the NAMED INSURED or an authorized representative of the NAMED INSURED makes the choice(s) of Coverage(s) as indicated on this form.

Date: _____ **Signature:** _____

Premium Adjustment (if any)

\$

REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS (ARKANSAS)

I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of ***bodily injury***, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Sections 23-89-404) also provides insurance for the protection of persons insured thereunder for ***property damage*** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle, plus a reasonable allowance for loss of use of the vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage of property damage in any single accident.

A. Offer of Increased Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Offer of Increased Limits of Coverage			Amount of Increased Premium (if any)
\$25,000	/	\$50,000 / \$25,000	\$
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____
_____	/	_____ / _____	_____

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked "X")

- ☐ agrees to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____ / _____ / _____

- ☐ agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is REJECTED.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with this coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected above.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked “X” insureds that have purchased third-party liability coverage in excess of the minimums will need to check the first two boxes to reject Uninsured Motorists Coverage in its entirety)

- ☐ has purchased third-party liability coverage greater than the minimums provided in 27-19-605, and agrees that the Uninsured Motorists Coverage in an amount equal to the third-party liability coverage purchased is REJECTED.
- ☐ agrees that the Uninsured Motorists Coverage is REJECTED. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- ☐ agrees that the property damage only portion of the Uninsured Motorists Coverage is REJECTED. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Sections 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked “X”)

- ☐ agrees that the Underinsured Motorists Coverage is REJECTED. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

SIGNATURE OF INSURED

SIGNATURE OF INSURED

TYPE OR PRINT NAME

TYPE OR PRINT NAME

DATE

DATE

POLICY NUMBER (IF KNOWN)

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	09/10/2007
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Comments:

Attachment:


AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic Insurance Company	PA	24147	25-0410420			
Old Republic General Insurance Corporation	IL	24139	36-6067575			
5. Company Tracking Number		CA AR01756CGF01				

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Jodi L. Woods			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto		
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other		
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]			
12. Company Program Title (Marketing Title)	Commercial Auto Program		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14. Effective Date(s) Requested	New:	10/15/2007	Renewal: 10/15/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)			
17. Reference Organization # & Title			
18. Company's Date of Filing	09/05/2007		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR01756CGF01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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[illegible]

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)